



## Sweet Eats: Trick or Treat?

From Halloween to New Year's Eve, holiday celebrations include sugar sweetened foods. How do you include sweet treats and not have it be a *trick* on healthy eating habits? The following tips may help.

- Don't forbid candy, cookies and other sweets. Anything that is forbidden becomes much more desirable. When foods like these are withheld or restricted, they are more likely to become foods that are craved. Food cravings may lead to overeating, eating secretly and binge eating.
- Avoid serving sweets as a reward for "cleaning your plate." Too often sweets are eaten after the meal, or at other times when children are not hungry. Sweets have traditionally been used as bribes or rewards, or to celebrate special occasions. Sweets are seen not just as foods, but as special treats. Sweets are often associated more with pleasure and happy times and not with hunger and nourishment. As a result, sweets become a "cure" for boredom, sadness, loneliness and other emotions.

- Choose sweets with healthy ingredients when possible. Not all sweets are empty calories. Sweets that include whole grains and fruits, such as oatmeal raisin cookies and carrot muffins, add fiber and important vitamins and minerals.
- Offer healthy choices. At celebrations, offer low sugar choices such as popcorn, pretzels, fresh fruit and vegetable chunks with dip.
- Celebrate with non-food treats. Food is too often the focus of special occasions. Help create new traditions and memories for kids that revolve around fun and fellowship. Plan games, contests, adventures, group projects, and non-food treats. Food, including sweet treats, should be only a small part of the celebration.

Sweets can be part of a healthy balanced diet. The key is to include sweets in moderation and not exclude more nutritious foods.



### Inside This Issue

Bureau of Child Care - Update	2
Consumer Product Safety Commission	3
Learning About the Child Care R&R Network	4
Child Care Phone List	5
Reducing the Risk of SIDS	6-7
Putting Fire Safety into Practice	8
Inclusion...The Benefits Are For Everyone	9
Encouraging Children's Literacy & CACFP Training Schedule	10
Epidemic Proportions! Childhood Obesity Increases	11

# Update



## Rule Revision Process Gets Underway

On July 27, 2000, the Bureau of Child Care officially began the rule revision process with a "kick-off" at the Missouri Department of Health Child Care Advisory Committee meeting. Five work groups have been formed to facilitate this process. Two work groups will be making recommendations on the revisions of the family child care home rules; two work groups will be looking at the licensing rules for group homes and child care centers; and one work group will be making recommendations for the development of licensing rules for school-age programs. The process should take approximately one year. The rules will then be formalized and public comments will be sought. The entire rule revision process will take approximately two years.

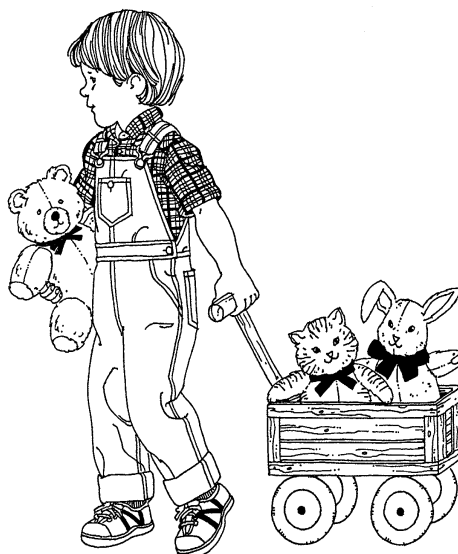


It's not too late for you to have input into the development of the licensing rules. The Rule Revision Suggestion form, available through your Child Care Facility Specialist, is an excellent way to make your views heard. The Rule Revision Suggestion forms that have been received up to this point will be given to the appropriate work group. Please feel free to submit your suggestions using this tool. We will keep you updated on the progress of the rule revision process as we go along. Thank you for your interest in this process!

## Thanks for your Input

In July, the Bureau of Child Care sent a survey to all licensed and license-exempt child care programs in the state requesting information on the Bureau's performance. Currently, the Bureau is collecting and analyzing results from this survey. To date, approximately 1,000 surveys have been returned. The comments that are received will assist the Bureau to improve operations. The provider survey is an annual initiative sponsored by the Bureau.

Thanks again for your feedback.



## Practice Your ABC's

Act silly  
Believe in magic  
Create your own masterpieces  
Daydream every chance you get  
Explore a book  
Find time for fun  
Give hugs  
Hang upside down from trees  
Imagine  
Join clubs  
Keep it simple  
Love all creatures  
Make time for friends  
Nap when you can  
Open your mind to new ideas  
Play when you feel like it  
Question the answers  
Run with the wind  
Sing your favorite songs  
Take days off  
Uncover your talents  
Venture out  
Walk on the wild side  
X-pect the best  
Yield to the moment  
Zzzz peacefully at night

*Anonymous*

# Consumer Product Safety Commission

The United States Consumer Product Safety Commission (CPSC) is an independent federal regulatory agency that works to reduce the risk of injuries and deaths from consumer products.

The CPSC does this by:

- Developing voluntary standards;
- Issuing and enforcing mandatory standards;
- Issuing recalls of products or arranging for their repairs;
- Conducting research on potential product hazards; and
- Informing and educating consumers regarding product safety.

You can reach the CPSC through:

- The CPSC toll-free Hotline at (800) 638-2772 or (800) 638-8270 for the hearing and speech impaired.
- The CPSC web site address at <http://www.cpsc.gov>



## Obtaining Recall Information

The U.S. Consumer Product Safety Commission issues approximately 300 product recalls each year, including many products found in child care settings. The recalls are issued through the media, on the CPSC toll-free hotline, and on the CPSC Internet web site.

Many consumers do not know about the recalls and continue to use potentially unsafe products. As a result, used products may be

loaned or given to a charity, relatives, friends or neighbors, or sold at garage sales or secondhand stores.

You can help by not accepting, buying, lending, or selling recalled consumer products. You can contact the CPSC to find out whether products have been recalled, and if so, what you should do with them. If you have products that you wish to donate or sell and you have lost the original packaging, contact the CPSC to find out product information.

You can receive CPSC's current recall information automatically by e-mail or fax, or in a quarterly compilation of recalls sent by regular mail. Call CPSC's hotline and after the greeting, enter 140, and leave the other information requested.

Each issue of this newsletter will highlight a recalled product or a safety issue; however, it would be wise to check with the CPSC on a regular basis for more comprehensive information.

## CPSC, Kids II Announce Recall of Bouncer Seats

In cooperation with the U.S. Consumer Product Safety Commission (CPSC), Kids II of Alpharetta, Ga., is voluntarily recalling about 99,000 bouncer seats for in-home repair. The removable toy bar that attaches to the seat can suddenly release and cause injuries to babies.

Kids II has received 122 reports of toy bars suddenly releasing from bouncer seats, resulting in 31 injuries to babies, including a black eye, a scraped eye, and facial cuts.

Only Kids II bouncer seats with semi-circular toy bars are recalled. These bouncer seats were sold under the names "Soft Toy Bouncer Seat" or "Comfort Me Bouncer." The Kids II logo is embroidered on each seat's crotch strap. The bouncer seats have a ruffled seat pad in three patterns: a black, white and red cow print; a teddy bear, rocking horse and toy box print; and a nursery rhyme print. Each pattern has certain model and lot numbers, which are found on a tag attached to the seat. The Comfort Me Bouncers feature vibration and soothing sounds, including music, waves and heartbeat. Each semi-circular toy bar has three toys. Some of the recalled seats came with white toy bar tethers.

Mass merchandise and juvenile specialty stores nationwide sold the seats from October 1997 through April 2000 for about \$25 to \$35.

Consumers should remove the semi-circular toy bars immediately and contact Kids II for an in-home repair kit. Consumers can continue to use the bouncer seat for the baby to sit in as long as the toy bar is removed. Consumers should call Kids II toll-free at (877)325-7056 between 7:30 a.m. and 4:30 p.m. ET Monday through Friday for a free repair kit. Kids II bouncer seats with rectangular shaped toy bars are not subject to this recall.

# Learning About the Missouri Child Care Resource & Referral Network



The Missouri Child Care Resource and Referral Network coordinates the activities of the 8 child care resource and referral (CCR&R) agencies that serve Missouri. The names, addresses and contact information for these agencies are found on page 5 of this issue.

## ***What does a CCR&R agency do?***

In general CCR&R's do "whatever it takes to make child care work for families and communities." Most CCR&R services fall into one of four categories:

- ✓ supporting families;
- ✓ supporting individuals and programs that care for children;
- ✓ compiling, analyzing and sharing information; and
- ✓ building connections in communities and in the state.

## ***Supporting Families***

CCR&R's assist families who combine work and family responsibilities. Finding, deciding on, and beginning to use child care can be one of the earliest and least supported challenges for the working parent.

## ***Supporting Child Care Providers***

CCR&R's perform a number of functions that strengthen the child care delivery system. The CCR&R's work to increase the affordability of child care by recruiting new child care providers, providing training and technical assistance, building collaborations with providers, linking providers to training, encouraging accreditation, and leveraging additional resources to help pay for child care.

## ***Compiling, Analyzing, and Sharing Information***

In order to develop and maintain databases of resources for families, CCR&R's collect and update detailed information on the supply of child care, the availability of subsidies and valuable community resources. In addition, they document changing family needs in communities and share information with community planners, employers, philanthropic organizations, and researchers.

## ***Building Connections in Communities and in the State***

By collaborating with community partners, employers, local media, and government, community-based CCR&R's encourage efforts to improve and shape the services of child care. These ongoing connections place the CCR&R's in a unique position to serve as a catalyst for a more responsive child care system.

The Missouri CCR&R's are coordinating "Good Beginnings Last a Lifetime," a statewide child care public awareness campaign to help parents learn how to find high quality child care. The Network toll-free number automatically routes calls from parents to the CCR&R agency that serves the caller's community. A variety of printed materials, including brochures, bookmarks, posters and magnets are available from the CCR&R's and the Network Office; and a video on quality child care will be available soon. The campaign also targets employers by raising their awareness of the options available to businesses to develop a family-friendly workplace. The Employer Tool Kit is now available.

Each CCR&R has an Inclusion Coordinator on staff, in addition to their referral specialists. The Inclusion Coordinator provides enhanced services to families with children with

special needs, works with children with special needs, and works with child care providers to find inclusive settings for children.

Missouri CCR&R's coordinate training activities in their service delivery areas. The CCR&R's provide a variety of educational activities and technical assistance. They participate and support numerous special child care projects throughout the state.

The CCR&R's are currently at work planning an Accreditation Facilitation Project to help Missouri child care providers that are interested in achieving accreditation.

The Network is also sponsoring the T.E.A.C.H. Early Childhood Missouri Project. This initiative links child care provider education with increased compensation. Pilot projects have begun in St. Louis, Kansas City, and Columbia. Additional funding can bring T.E.A.C.H. to more Missouri communities.

The Missouri Departments of Health and Social Services provide the bulk of the financial support for the CCR&R Network. A variety of other funders support specific initiatives.

For more information about the Network, you may contact:  
Missouri Child Care R&R Network  
4236 Lindell Blvd., Suite 300  
St. Louis, MO 63108  
1-800-200-9017



# Help is just a phone call away...A child care phone list at your fingertips

**Bureau of Child Care**  
**573-751-2450**

**My Child Care Facility**  
**Specialist**

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**Missouri Department of**  
**Health**  
**PO Box 570**  
**Jefferson City, MO 65102**  
**(all other inquiries)**  
**573-751-6400**  
**www.health.state.mo.us**

**TEL-LINK** - Your telephone  
link to health services for  
Missouri families **800-835-5465**  
**(800-TEL-LINK)**  
(Missouri Relay 800-735-2966  
for hearing impaired citizens)

**Child and Adult Care Food**  
**Program**      **573-751-6251**  
                      **800-733-6251**

**Health & Safety Consultation**

On-site consultation, education,  
and training by nurses at no cost  
to caregivers.    **573-751-4279**

**My Health & Safety**  
**Consultant**

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## Child Care Resource & Referral

**YWCA - St. Joseph**  
**816-232-4481**  
**800-404-9922 (NW MO only)**

**Children's Link - Shelbina**  
**573-588-2533**  
**800-201-745**

**Heart of America Family Services**  
**Kansas City**  
**913-573-2273**  
**800-755-0838**

**CMSU Workshop on Wheels**  
**Warrensburg**  
**660-543-8321**  
**800-666-1461**

**Childcare Connection - Columbia**  
**573-445-5627**  
**800-243-9685**

**Child Day Care Association**  
**St. Louis**  
**314-531-1412**  
**800-467-2322**

**Council of Churches of the Ozarks**  
**Springfield**  
**417-887-3545**  
**800-743-8497**

**Southeast Missouri State University**  
**Cape Girardeau**  
**573-290-5571**  
**800-811-1127**

## Other Important Numbers

**Child Abuse & Neglect**  
**Hotline**  
**800-392-3738**

**Poison Control Center**  
**800-366-8888**

**Fire Safety/Training,**  
**Inspections**  
**573-751-2930**

**US Consumer Product Safety**  
**Commission** - to report safety  
problems or inquire about recalls.  
**800-638-2772**  
**800-638-8279 (TDD)**

## My frequently called numbers

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Sudden Infant Death Syndrome (SIDS) is the sudden and unexpected death of an apparently healthy infant under one year of age which remains unexplained after a complete medical history review, death scene investigation and postmortem examination.

**SIDS is the leading cause of death for babies from one month to one year of age. Approximately 80 babies die of SIDS each year in Missouri, and 20 of these deaths occur in child care settings.**

## **Recommendations To Reduce Risk**

To reduce the risk of SIDS, in 1992 the American Academy of Pediatrics recommended all healthy babies be placed on their backs or sides to sleep. In 1996, the recommendation was amended to state back sleeping is the safest position for a baby to sleep. Since 1992 the SIDS rates have dropped by 43%.

**Recent research suggests that babies who traditionally slept on their backs at home and then were placed on their tummies at a day care home or center for the first, second or third time, may be at an even higher risk of SIDS.** (Moon, 1999).

# **Reducing the Risk of**

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**It is crucial for professionals caring for children outside of the home to be aware of SIDS, to understand and implement the SIDS risk reduction recommendations and to discuss sleep position, as well as other risk reduction recommendations, with the parents of all babies in out-of-home care.**

The following strategies will reduce the risk of SIDS:

- Place babies on their backs to sleep at naptime and night time throughout the first year of life. Cribs should meet current safety standards, and the mattress should be firm and flat.
- Do not smoke while pregnant or in the presence of babies.
- Remove soft, fluffy items such as quilts, comforters, pillows and stuffed animals from a baby's crib.
- Do not let the baby get too hot.

Recent attention has been given to safe bedding for babies. Consider having babies sleep in a sleeping sack or jumpsuit with no blankets in the crib.

It is important to:

- Follow all risk reduction recommendations.
- Share SIDS risk reduction information with the parents of all babies in your care and have parents sign a piece of paper

confirming they have received this information.

- Tell parents that all infants in your care will be placed to sleep on the back unless you receive written instructions from the infant's doctor to do otherwise.

**Call SIDS Resources, Inc. at (800) 421-2511 if you, your staff or parents have questions about any of these recommendations.**

**It is important to remember the cause(s) for SIDS remain unknown. These recommendations can reduce the risk of SIDS, but cannot prevent SIDS. More research is needed to find the cause(s) of SIDS and to find solutions to stop this terrible tragedy.**

## **Bereavement**

Each SIDS death affects at least 100 people. In other words, 2,000 people are affected by SIDS deaths in child care in Missouri each year.

The sudden and unexpected death of a child in your care has a profound impact on you because of the relationship you have developed with the child and family. You may feel overwhelmed, isolated, and torn between conflicting emotions. You may wonder "how" to grieve for a child who "wasn't even your own child" or how to express your loss without "overshadowing" the family's grief.

# Sudden Infant Death Syndrome

Caregivers are not exempt from powerful feelings of grief, anxiety, and guilt. Feelings about a baby are not dependent upon the length of time one has known the child. You may have difficulty concentrating, sleeping or eating.

Questions and concerns of child care providers are often similar to those of parents: “Why did this happen?” “What did I do wrong?” “Could I have done something to prevent the death?”

SIDS Resources, Inc. is available to provide you with information and to help you and the children in your care understand the loss of a baby to a sudden and unexpected infant death. SIDS Resources, Inc. can also put you in touch with other child care providers who have experienced the tragedy of a sudden and unexpected infant death if you wish to have an opportunity to share your feelings and concerns.

Child care providers may obtain materials on bereavement from SIDS Resources, Inc. You may also order materials on reducing the risk of SIDS by calling the Department of Health's TEL-LINK at (800) 835-5465.



## Emergency Procedures

If an infant in your care is found unresponsive, the following steps must be taken:

1. Start CPR.
2. Notify the Paramedics – Call 911.
3. Notify the child's parent(s).
4. Notify your licensing agency.
5. Notify your local child care resource and referral agency.
6. Notify SIDS Resources, Inc.

Write emergency telephone numbers for your area on a piece of paper and place them next to your telephones.

Law enforcement officials are required to perform death scene investigations in all cases of sudden and unexpected deaths. The local county coroner, the Medical Examiner and the licensing and/or insurance agencies will also ask many questions about the death. These questions aid professionals in making an accurate diagnosis, documenting the sequence of events, and in completing necessary forms. Questions are not meant to accuse the provider of any wrongdoing.

If a baby you provide care for dies of SIDS while at home-you, your staff, children in your care and their parents will still be affected by the death. Child care providers can provide additional support by referring individuals and families to the appropriate resources and providing accurate, up-to-date information about SIDS.

*SIDS Resources, Inc. is a statewide organization with offices in St. Louis, Kansas City, Springfield, and Columbia. SIDS Resources, Inc. serves those who are or may be touched by the tragedy of Sudden Infant Death Syndrome by providing supportive services for families, education for professionals and the community, including presentations for staff and/or parents, and financial and other support for research. These services are offered free of charge.*

*Call (800) 421-3511 for the SIDS Resources, Inc. office nearest you.*



# Putting Fire Safety into Practice

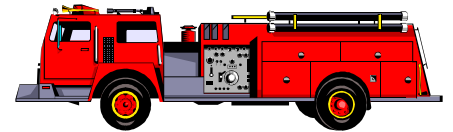


In November 1999, the Missouri Division of Fire Safety increased the number of fire drills required by child care providers to one per month. Some have suggested this is excessive; however, repetition of any activity increases the ability to learn the behavior, not only in children, but also adults. Repeating fire drills will also lessen the degree of panic when an actual emergency situation occurs. Turnover in child care settings occurs frequently with both staff and children. Conducting one fire drill per month will help ensure that staff and children know what to do in the event of an emergency. Believe it or not, a few fire drills witnessed by state fire inspectors have resulted in children being left behind in the building.

This year, Fire Prevention Week will be observed from October 8-14. This year's theme is "Fire Drills: The Great Escape!" Over the past two years, the National Fire Protection Association has documented 58 lives saved as a direct result of this campaign. Practice your fire drills regularly and BE FIRE SAFE !!

To be fully prepared for a fire:

- Have at least one smoke alarm on each level of the building and in or near each bedroom. Test smoke alarms every month by pushing the test button, and replace batteries at least once a year or when the alarm "chirps," warning that the battery is low.
- Draw a floor plan of your building, marking all doors and windows, and indicate the location of each smoke alarm. If security bars are located on windows or doors, equip them with quick-release devices on the inside.
- Identify two escape routes from each room. The first way out would be the door, and the second could be a window. If you must use a second-story window as an escape route, consider purchasing a fire escape ladder as a means of emergency escape.
- As you exit your building, close all doors behind you to slow the spread of fire and smoke.
- If smoke or fire blocks your exit, use your second exit to escape. If you must escape through smoke, stay low and crawl under the smoke to safety. Smoke rises, leaving cooler, cleaner air close to the floor.
- Select a meeting place a safe distance from your building and mark it on the escape plan. A good meeting place would be a tree, telephone pole, or a neighbor's home. In case of fire, everyone should gather at the meeting place.
- Know the emergency number to notify emergency services. Once outside, call that number immediately from a neighbor's phone, or use a portable or cellphone.
- Practice your escape drill regularly and at different times of the day.
- NEVER go back inside a burning building! Once out, stay out!



This is the last year for the National Fire Protection Association's three year promotion of "Fire Drills: The Great Escape!" The Division of Fire Safety would like to expand the initiative this year to include child care providers.

In order to promote "Fire Drills: The Great Escape" in its final year, NFPA is offering a **WALT DISNEY WORLD vacation for four valued at \$10,000!**

To be eligible for the vacation, contestants must obtain an official Great Escape planning grid and entry form through NFPA's website, [www.nfpa.org](http://www.nfpa.org) or [www.sparky.org](http://www.sparky.org). Utilizing the grid, entrants are to complete an escape plan for their family and submit it directly to NFPA no later than October 31, 2000. The grand prizewinner will be drawn at random by NFPA.

Take advantage of NFPA's program and contest. This is an excellent opportunity to provide additional fire safety education to children and their families.

# Inclusion . . . The Benefits Are For Everyone

The Missouri Child Care Resource and Referral Network, with the support of the Missouri Department of Health, has been expanding its services. One of the newest services is the **Enhanced Inclusion Referral Service**. This service brings a new person(s) known as an Inclusion Coordinator to the Child Care Resource and Referral agency in your area. Each Child Care Resource and Referral in the state of Missouri has at least one Inclusion Coordinator to provide services to families and child care providers that care for children with special needs.

The whole concept of inclusion is to ensure that children with special needs are included in “natural environments” so they are given the same opportunities as “typically developing” children. Children with special needs should interact, play, and learn with their peers of **all** abilities. As many children spend a lot of time in child care settings, the child care facility becomes their natural environment. And it becomes a place where the *child can be a child first*.

Inclusion Coordinators offer support and referral to families of children with special needs AND provide support and technical assistance to child care providers who care for children with special needs. We work closely with the families to determine their child’s needs and then help the family find child care that will best meet those needs.

Once child care is found, the Inclusion Coordinator writes a plan with the family and child care provider to determine the supports needed to create a successful child care

experience for **everyone** involved. We can provide consultation and technical assistance for the child care staff as long as it is needed. It is also the Inclusion Coordinators’ role to educate the family and the child care provider on the benefits of inclusion, the Americans with Disabilities Act, and provide referrals to other community resources when needed.



More often than not, the child care providers that have welcomed a child with special needs into their programs have stated that **all** of the children in their programs have benefited. A director told me that she enrolled a child that relies on sign-language to communicate. Now all of the children are not only learning sign-language by peer interaction, but the children are actually asking to be taught sign-language. A few months ago, I assisted a family find child care for their child with special needs. The child’s parents were concerned that their child would not be accepted by the other children in the program because of their child’s unique needs. Recently, I spoke with the

child’s mother who very happily reported that not only do the other children treat her child as “just another one of the kids” but that her child has learned more from the other children in a few months than she had in the first few years of life.

These are just a few of many, many success stories that the Inclusion Coordinators are reporting across the state. One of the most important aspects of inclusion is . . . it teaches children and adults one of life’s lessons in accepting others with unique needs and strengths, as well as accepting their own unique needs and strengths.

A successful inclusion program will help **all** children develop a sense of acceptance, belonging, and community involvement. It is the goal of Child Care Resource and Referral and the Department of Health to ensure that **every** child, including children with special needs, feel welcome and important in their child care facility.

Please take time to contact the Child Care Resource and Referral agency in your area. Your Inclusion Coordinator will be happy to talk with you and explain how they can help you and the children in your care. You can reach your nearest Child Care Resource and Referral agency by calling toll free **1-800-200-9017**.

Article written by:  
Gretchen A. Swyhart  
Inclusion Coordinator  
Child Care Resource & Referral

# Supporting Children's Early Literacy

As child care professionals, we have a desire to prepare young children to arrive at school positively motivated to continue learning. Thus, our child care programs need to provide children with a variety of rich and engaging language experiences to stimulate children's delight in all forms of language.

Research indicates that children who are likely to have reading difficulties in the primary grades are children who had limited early childhood literacy experiences. Children who are not well prepared for learning to read have less letter knowledge, less familiarity with the basic purpose of reading and writing, and poorer general language ability. Good readers understand the alphabet and letters, use background knowledge and strategies to obtain meaning from print, and can easily identify words and read fluently.

Activities that occur in early childhood programs to prepare children for learning to read emphasize counting, number concepts, letter names, shapes and sounds, adult interest in reading, writing, speaking, and independent and cooperative literacy activities.

## Ideas to Encourage Children's Literacy

- ✓ Have children help you make shopping lists for supplies.
- ✓ Label equipment and toys in your program; use lower and upper case letters as appropriate.
- ✓ Consistently use nametags. Create activities that center on children's names such as having children distribute nametags at the start of the day and pinning nametags upside down on children's clothing so that copying the letters is easier when children are sitting at a table.
- ✓ Allow children to write their own message, with their own letters, scribbles, invented spelling, and drawings.
- ✓ Show children literacy in the environment around them (street signs, restaurant signs, newspapers, food labels) and ask children what it means.
- ✓ Display the written text of favorite songs, rhymes, poems, and fingerplays; point at individual words when text is being read or sung.
- ✓ Create literacy centers in your program that include necessary writing tools—paper, pens, pencils, envelopes, dictionary, and equipment—typewriter.
- ✓ Display rhyming words, and ask children which ones rhyme, which ones don't. Discuss similarities and differences in the words.



## CACFP Training Schedule

Orientation training for the Child and Adult Care Food Program for child care centers is held each month in the five district offices located throughout the state. You've already been? Consider sending other staff members. Training will enhance not only the operation of CACFP, but also the professional development of staff.

### Northwestern District Independence

Oct 10, Nov 21, Dec 19

### Southwestern District Springfield

Oct 17, Nov 14, Dec 19

### Southeastern District Cape Girardeau

Oct 13, Nov 3, Dec 8

### Central District Jefferson City

Oct 11, Nov 13, Dec 13

### Eastern District St. Louis

Oct 13, Nov 17

**Call 800-733-6251 to make arrangements to attend a training session in your area.**

**\*Shelters and At-Risk After School Programs call for a training appointment.**



# Epidemic Proportions! Childhood Obesity Increases

Many children today carry the heavy burden of too much body fat. The U.S. Department of Agriculture (USDA) reports that 14 percent of today's children are overweight. Childhood obesity has more than doubled since the 1970s. The dramatic increase of obesity in children is epidemic in proportions.

Why are health experts so alarmed? Physically speaking, overweight kids are being diagnosed with diseases that used to be seen only in adults. High blood pressure, heart disease, and diabetes are being seen with increasing frequency in obese children. Obesity also causes social and psychological problems for many kids. The hurt of rejection, low self-esteem, and sense of failure, often seen with obesity, may leave scars that last a lifetime.

What can adults do to help the overweight child? First, understand that there is no one solution, just as there is no one cause. There are many reasons why some kids are heavier than others. These include heredity, lack of physical activity, slower metabolism, phase of growth, and amount and types of foods eaten.

The amount and type of foods kids eat is only a part of the complex obesity puzzle. Unfortunately, many adults make restricting food intake the major focus. Restricting a child's food intake will more likely result in overeating or eating disorders than help to cure the problem.

How do we help without hurting? Ellyn Satter, registered dietitian and social worker specializing in eating disorders, gives some basic advice. Ellyn stresses that it is important to allow children to regulate the amount of food they eat.

Here are some tips to help children develop healthy eating habits:

- Treat obese children the same as "normal" children. Realize that they may have "inside hurts" and show them they are loved and cared for.
- Maintain a regular schedule for meals and snacks. This assures children that food will be available to them regularly.
- Provide a variety of foods, but never force or bribe a child to eat a food he says he doesn't like. Encourage a taste- "Try just one bite."
- Limit the access to high calorie foods, but do not eliminate completely. Children may feel restricted and sneak to have "forbidden foods."
- Teach orderly and positive eating. Eat slowly, sitting down at the table. Limit influences that distract from eating. (Turn off TV, etc.) Make eating an important event by itself.
- Help children trust their own internal signals of hunger and satisfaction. Allow each child to determine how much to eat, or whether to eat or not.
- Encourage physical activity, but don't push. Make exercise fun.



Help children develop a healthy body weight that is right for them, even if it is not the accepted "ideal." Children need to be assured that they will get enough to eat . . . and enough love and care regardless of their size and shape.

*"You can help your child to avoid becoming obese by maintaining a healthy feeding relationship. That relationship is the same as with any other child: You are primarily responsible for WHAT your child is offered to eat, he is responsible for HOW MUCH".*

*- Ellyn Satter, RD, ACSW*

**How To Get Your Kid To Eat...But Not Too Much**

# Upcoming Dates and Events

## October:

### ***Campaign for Healthier Babies***

**Month:** The month is designed to showcase infant mortality prevention efforts.

For more information:

888-MODIMES; or

[www.modimes.org](http://www.modimes.org)

***Child Health Month:*** Sponsored by the American Academy of Pediatrics, the focus and ongoing slogan is: "Solutions Before Problems,"

stressing prevention when it comes to our children's health. For more information:

[www.aap.org](http://www.aap.org) (see under advocacy)

### ***National SIDS Awareness Month:***

Sponsored by the SIDS Alliance.

For more information:

1-800-221-SIDS

### ***Healthy Lung Month -***

Sponsored by the American Lung Association; designed to promote lung health with a focus on childhood asthma, influenza and pneumonia and indoor air pollution, including second hand smoke and radon. For more information:

1-800-LUNG-USA; or

[www.lungusa.org](http://www.lungusa.org)

### ***National Dental Hygiene***

**Month:** Sponsored by the American Dental Hygienists Association; designed to promote preventive oral health.

For more information and directions for brushing and flossing: [www.adha.org](http://www.adha.org)

### ***National Brain Injury***

**Awareness Month -** Nearly two million Americans sustain brain injuries each year; one brain injury occurs every 15 seconds and is the leading cause of death and disability in children and young adults.

For more information:

[www.biausa.org](http://www.biausa.org)

### ***National Fire Prevention***

**Week -** October 8-14; sponsored by the National Fire Protection Association. For more information:

1-800-344-3555 or

[www.nfpa.org](http://www.nfpa.org)

Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health,  
Bureau of Child Care, P.O. Box 570, Jefferson City, MO., 65102, 573-751-2450. EEO/AAP services provided on a nondiscriminatory basis.

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